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PASS, NATALIE				
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary

Application No.

09/921,654

Applicant(s)

AMAR ET AL.

Examiner

Natalie A. Pass

Art Unit

3686

Period for Reply
-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 29 December 2008.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 34-53 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 34-53 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
 - ☐ Certified copies of the priority documents have been received in Application No. _____.
 - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO/SB/08)
- Paper No(s)/Mail Date: _____

- 4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date: _____
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: _____

DETAILED ACTION

Notice to Applicant

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 29 December 2008 has been entered.
2. This communication is in response to the Request for Continued Examination and amendment filed on 29 December 2008. Claims 1-33 have been canceled. Claims 34-53 have been newly added. Grounds of rejection for pending claims 34-53 are set forth in detail below.

Claim Rejections - 35 USC § 101

3. 35 U.S.C. § 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

4. Claims 34-53 are rejected under 35 U.S.C. §101.

A) As per newly added claims 34-53, these appear to be directed toward a computerized method or process for managing a medical practice. Based on Supreme Court precedent, and recent Federal Circuit decisions, the Office's guidance to examiners is that a § 101 process must (1) be tied to another statutory class (such as a particular apparatus) or (2) transform underlying subject matter (such as an article or materials) to a different state or thing.

Diamond v. Diehr, 450 U.S. 175, 184 (1981); *Parker v. Flook*, 437 U.S. 584, 588 n.9 (1978); *Gottschalk v. Benson*, 409 U.S. 63, 70 (1972); *Cochrane v. Deener*, 94 U.S. 780, 787-88 (1876).

An example of a method claim that would not qualify as a statutory process would be a claim that recited purely mental steps. Thus, to qualify as a § 101 statutory process, the claim should positively recite the other statutory class (the thing or product) to which it is tied, for example by identifying the apparatus that accomplishes the method steps, or positively recite the subject matter that is being transformed, for example by identifying the material that is being changed to a different state.

In the instant application, Appellant's method steps fail the first prong of the new Federal Circuit decision since they are not required to be tied to another statutory class and can be performed without the use of a particular apparatus. In particular, Applicant's claims do not recite who or what is performing the method steps. Furthermore, the method steps fail to unambiguously require transformation of underlying subject matter to a different state or thing. The mere manipulation and production of non-functional descriptive material (i.e., "claim status") is not a transformation because a claim status is not statutory subject matter. Thus, claims 34-53 are non-statutory since they are not requisitely tied to another statutory class and they do not requisitely transform underlying subject matter to a different state or thing.

Claim Rejections - 35 USC § 112

5. The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

6. Newly added claim 43 is rejected under 35 U.S.C. 112, first paragraph, as containing subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention.

(A) Claim 43 recites limitations that are new matter, and are therefore rejected. The added material which is not supported by the original disclosure is as follows:

- "posting the allocated payments to a bank account of the payor server," as disclosed at line 4.

35 U.S.C. 132 states that no amendment shall introduce new matter into the disclosure of the invention. "New matter" constitutes any material which meets the following criteria:

- a) It is added to the disclosure (either the specification, the claims, or the drawings) after the filing date of the application, and
- b) It contains new information which is neither included nor implied in the original version of the disclosure. This includes the addition of physical properties, new uses, etc.

In particular, the Examiner was unable able to find any support for this newly added language within the specification as originally filed on 3 August 2001. Applicant is respectfully requested to clarify the above issues and to specifically point out support for the newly added limitations in the originally filed specification and claims.

Applicant is required to cancel the new matter in the reply to this Office Action.

7. If Applicant continues to prosecute the application, revision of the specification and claims to present the application in proper form is required. While an application can, be amended to make it clearly understandable, no subject matter can be added that was not disclosed in the application as originally filed on 3 August 2001.

8. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

9. Claim 44 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

(A) Regarding newly added claim 44, the phrase "a simple error" renders the claim indefinite because the claim includes elements not actually disclosed (those encompassed by "'a simple error'"), thereby rendering the scope of the claim unascertainable. See MPEP § 2173.05(d).

10. The rejection of claim 20 under 35 U.S.C. 112, second paragraph, for being indefinite is hereby withdrawn due to the amendment filed 29 December 2008.

Claim Rejections - 35 USC § 103

11. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

NOTE: The following rejections assume that the subject matter added in the 29 December 2008 amendment are NOT new matter, and are provided hereinbelow for Applicant's consideration, on the condition that Applicant properly traverses the new matter objections and rejections made in sections 6-7 above in the next communication sent in response to the present Office Action.

12. Claims 34-35, 37-45, 48-52 are rejected under 35 U.S.C. 103(a) as being unpatentable over Wiggins, U.S. Patent Number 7016856 in view of Boyer, et al., Patent Number 6208973.

(A) As per newly added claim 34, Wiggins teaches a computerized method for managing a medical practice comprising:

storing a plurality of insurance rules comprising one or more classes of rules, each class of rules being associated with one of a plurality of payor servers (Wiggins; column 3, line 41 to column 4, line 39);

receiving data indicative of a completed claim submission for a claim from a medical practice client, the claim being associated with a payor server (Wiggins; column 16, line 64 to column 17, line 35); and

automatically interacting with the completed claim submission to correct an error by applying one or more rules from a class of rules associated with the payor server (Wiggins; Figure 7, column 16, line 39 to column 17, line 61), wherein the one or more rules comprises a

new rule, an updated rule, or both received from the payor server (Wiggins; column 15, lines 1-61, column 16, lines 42-44, column 16, line 64 to column 17, line 21, column 18, lines 56-61), the interacting step comprising:

associating a first claim status with the completed claim submission indicative of the claim not satisfying one of the one or more rules (Wiggins; column 6, line 63 to column 7, line 27, column 8, lines 9-14, column 9, lines 55-67, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62);

receiving data indicative of an updated completed claim submission from the medical practice client (Wiggins; column 16, line 39 to column 17, line 62); and

associating a second claim status with the updated completed claim submission indicative of the updated completed claim submission satisfying all of the one or more rules (Wiggins; column 6, line 63 to column 7, line 27, column 8, lines 9-14, column 9, lines 55-67, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62).

Although Wiggins teaches the medical practice client interacting with the payor through a graphical user interface (“GUI screen”) to obtain authorization from the payor (Wiggins; Figure 6, column 14, line 46-67) and updating the database with the authorization information through the GUI screen (Wiggins; column 15, lines 1-20), Wiggins fails to explicitly disclose transmitting data indicative of a claim edit screen to the medical practice client, the claim edit screen comprising a claim edit section for editing the completed claim submission.

However, the above features are well-known in the art, as evidenced by Boyer.

In particular, Boyer teaches a method comprising

transmitting data indicative of a claim edit screen to the medical practice client, the claim edit screen comprising a claim edit section for editing the completed claim submission (Boyer; column 14, lines 7-63).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the method of Wiggins to include these limitations, as taught by Boyer, with the motivations of eliminating “the delay in claims processing and the associated administrative costs so that a healthcare consumer can settle payment ... [quickly] ...” (Boyer; column 3, lines 1-5).

(B) As per newly added claim 35, Wiggins and Boyer teach a computerized method for managing a medical practice comprising:

storing a plurality of insurance rules comprising one or more classes of rules, each class of rules being associated with one of a plurality of payor servers (Wiggins; column 3, line 41 to column 4, line 39);

receiving data indicative of a completed claim submission for a claim from a medical practice client, the claim being associated with a payor server (Wiggins; column 16, line 64 to column 17, line 35);

automatically interacting with the completed claim submission to correct an error by applying one or more rules from a class of rules associated with the payor server (Wiggins; Figure 7, column 16, line 39 to column 17, line 61), wherein the one or more rules comprises a new rule, an updated rule, or both received from the payor server (Wiggins; column 15, lines 1-61, column 16, lines 42-44, column 16, line 64 to column 17, line 21, column 18, lines 56-61), the interacting step comprising:

associating a first claim status with the completed claim submission indicative of the claim not satisfying one of the one or more rules (Wiggins; column 6, line 63 to column 7, line 27, column 8, lines 9-14, column 9, lines 55-67, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62);

transmitting data indicative of a claim edit screen to the medical practice client, the claim edit screen comprising a claim edit section for editing the completed claim submission (Boyer; column 14, lines 7-63);

receiving data indicative of an updated completed claim submission from the medical practice client (Wiggins; column 16, line 39 to column 17, line 62); and

associating a second claim status with the updated completed claim submission indicative of the updated completed claim submission satisfying all of the one or more rules (Wiggins; column 6, line 63 to column 7, line 27, column 8, lines 9-14, column 9, lines 55-67, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62);

formatting the updated completed claim submission into information having a form acceptable to the payor server using claim formatting rules (Boyer; column 1, lines 50-54);

transmitting the information to the payor server (Wiggins; column 16, line 64 to column 17, line 2); and

associating a third claim status with the updated completed claim submission indicative of the information being transmitted to the payor server (Wiggins; column 6, line 63 to column 7, line 27, column 8, lines 9-14, column 9, lines 55-67, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62).

The motivations for combining the respective teachings of Wiggins and Boyer are as given in the rejection of claim 34 above, and incorporated herein.

(C) As per newly added claim 37, Wiggins and Boyer teach a computerized method for managing a medical practice comprising:

storing a plurality of insurance rules comprising one or more classes of rules, each class of rules being associated with one of a plurality of payor servers (Wiggins; column 3, line 41 to column 4, line 39);

receiving data indicative of a completed claim submission for a claim from a medical practice client, the claim being associated with a payor server (Wiggins; column 16, line 64 to column 17, line 35);

automatically interacting with the completed claim submission to correct an error by applying one or more rules from a class of rules associated with the payor server (Wiggins; Figure 7, column 16, line 39 to column 17, line 61), wherein the one or more rules comprises a new rule, an updated rule, or both received from the payor server (Wiggins; column 15, lines 1-61, column 16, lines 42-44, column 16, line 64 to column 17, line 21, column 18, lines 56-61), the interacting step comprising:

associating a first claim status with the completed claim submission indicative of the claim not satisfying one of the one or more rules (Wiggins; column 6, line 63 to column 7, line 27, column 8, lines 9-14, column 9, lines 55-67, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62);

transmitting data indicative of a claim edit screen to the medical practice client, the claim edit screen comprising a claim edit section for editing the completed claim submission (Boyer; column 14, lines 7-63);

receiving data indicative of an updated completed claim submission from the medical practice client (Wiggins; column 16, line 39 to column 17, line 62); and

associating a second claim status with the updated completed claim submission indicative of the updated completed claim submission satisfying all of the one or more rules (Wiggins; column 6, line 63 to column 7, line 27, column 8, lines 9-14, column 9, lines 55-67, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62);

receiving data indicative of a new rule, an updated rule, or both from the payor server (Wiggins; column 15, lines 1-61, column 16, lines 42-44, column 16, line 64 to column 17, line 21, column 18, lines 56-61); and

automatically updating the class of rules associated with the payor server to reflect the received data (Wiggins; column 15, lines 1-61), (Boyer; column 16, lines 4-6).

The motivations for combining the respective teachings of Wiggins and Boyer are as given in the rejection of claim 34 above, and incorporated herein.

(D) As per newly added claims 38-39, Wiggins and Boyer teach a method as analyzed and discussed in claim 34 above

wherein the error comprises a formatting error of the completed claim submission based on a format defined by the payor server (Wiggins; Figure 7, column 16, line 39 to column 17, line 61, column 18, lines 30-39); Examiner interprets Wiggin's teachings of "forward the claims to the appropriate payor" (Wiggins; column 17, lines 1-2) and "basic Electronic Media claims ...

[...] ... edits will be performed” to teach a form of “wherein the error comprises a formatting error of the completed claim submission based on a format defined by the payor server;” and

wherein the error comprises a typographical error or incomplete information of the completed claim submission (Wiggins; Figure 7, column 12, lines 1-5, column 13, lines 41-46, column 16, line 39 to column 17, line 61, column 18, lines 30-39).

(E) As per newly added claim 40, Wiggins and Boyer teach a method as analyzed and discussed in claim 34 above

wherein each class of rules of the plurality of insurance rules comprises:

a rule that has universal applicability to all claims for a payor server associated with the class of rules (Wiggins; column 18, lines 47-61);

a rule that applies to one or more specific insurance packages from a plurality of insurance packages offered to medical care providers by the payor server associated with the class of rules(Wiggins; column 18, lines 47-61); and

a rule that applies to specific medical care providers who provide care under one or more specific insurance packages(Wiggins; column 18, lines 47-61).

(F) As per newly added claims 41-43, Wiggins and Boyer teach a method as analyzed and discussed in claim 34 above

wherein the interacting step further comprises determining the completed claim submission is associated with the payor server based on information in the completed claim submission (Wiggins; column 2, lines 34-40, column 18, lines 47-61);

generating remittance advice for the updated completed claim submission (Wiggins; column 16, line 16 to column 17, line 35);

parsing an electronic payment (Wiggins; column 17, line 40 to column 18, line 20); and
allocating the electronic payment among charge line items for the updated completed claim submission (Wiggins; column 17, line 40 to column 18, line 20); Examiner interprets Wiggins "report will be produced ... [...] ..." (Wiggins; column 17, lines 40-44) to teach a form of this limitation;

receiving approval from the payor server for the allocated payments among the charge line items (Wiggins; column 17, line 40 to column 18, line 38); and

posting the allocated payments to a bank account of the payor server (Boyer; column 16, lines 16-28).

The motivations for combining the respective teachings of Wiggins and Boyer are as given in the rejection of claim 34 above, and incorporated herein.

(G) As per newly added claims 44-45, Wiggins and Boyer teach a method as analyzed and discussed in claim 34 above

wherein the first claim status is indicative of the completed claim submission comprising a simple error (Wiggins; column 6, line 63 to column 7, line 27, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62, column 18, lines 11-20, 39-61);

wherein the interacting step further comprises associating a third claim status with the updated completed claim submission indicative of the updated completed claim submission comprising a detailed claim error (Wiggins; column 6, line 63 to column 7, line 27, column 11,

lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62, column 18, lines 11-20, 39-61).

(H) As per newly added claims 48-49, Wiggins and Boyer teach a method as analyzed and discussed in claim 34 above

wherein the claim edit screen comprises an explanation portion that denotes an error in the completed claim submission identified by applying the one or more rules from the class of rules associated with the payor server (Boyer; column 14, lines 4-63); and further comprising:

applying the one or more rules from the class of rules associated with the payor server to the updated completed claim submission (Wiggins; Figure 7, column 16, line 39 to column 17, line 61); and

associating the second claim status with the updated completed claim submission if no errors are found by the one or more rules (Wiggins; column 6, line 63 to column 7, line 27, column 8, lines 9-14, column 9, lines 55-67, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62).

The motivations for combining the respective teachings of Wiggins and Boyer are as given in the rejection of claim 34 above, and incorporated herein.

(I) As per newly added claim 50, Wiggins and Boyer teach a method as analyzed and discussed in claim 34 above further comprising:

submitting the updated completed claim submission to the payor server for payment (Wiggins; column 16, line 39 to column 17, line 35);

receiving a payment from the payor server for the updated completed claim submission (Wiggins; column 17, line 40 to column 18, line 38);

applying the payment to the updated completed claim submission (Wiggins; column 17, line 40 to column 18, line 38); and

associating a third claim status with the updated completed claim submission indicative of the payment being applied to the updated completed claim submission (Wiggins; column 6, line 63 to column 7, line 27, column 8, lines 9-14, column 9, lines 55-67, column 11, lines 8-15, column 12, lines 1-5, 35-38, column 16, line 64 to column 17, line 62).

(J) As per newly added claims 51-52, Wiggins and Boyer teach a method as analyzed and discussed in claim 34 above further comprising:

transmitting data indicative of a claim entry screen to the medical practice client, the claim edit screen comprising: a patient claim information section; a procedure section; and a hint section (Boyer; column 14, lines 4-63); Examiner interprets Boyer's teachings of an "adjudicated third party payment system 10 of the invention [that] enables the healthcare provider 12 to enter a claim and interactively adjudicate that claim on-line using the Internet at step 212. This interactive session aids the user in entering correct data, which facilitates the auto-adjudication process" (Boyer; column 14, lines 6-11) to teach a form of a "claim edit screen" comprising the recited limitations;

determining if the updated completed claim submission is billable based on the one or more rules from the class of rules associated with the payor server (Wiggins; column 16, line 39 to column 18, line 20); and

automatically editing the updated completed claim submission based on information received from a rules engine, the information comprising edits to be performed to make the updated completed claim submission billable (Wiggins; Figure 7, column 15, lines 1-61, column 16, line 39 to column 17, line 61, column 18, lines 7-61).

The motivations for combining the respective teachings of Wiggins and Boyer are as given in the rejection of claim 34 above, and incorporated herein.

13. Claims 36 and 53 are rejected under 35 U.S.C. 103(a) as being unpatentable over Wiggins, U.S. Patent Number 7016856, hereinafter known as Wiggins, in view of Boyer, et al., Patent Number 6208973, as applied to claims 35 and 34 above, and further in view of Wiggins, U.S. Patent Application Publication Number 2002/0120473, hereinafter known as Wiggins473.

(A) As per newly added claim 36, Wiggins and Boyer teach a method as analyzed and discussed in claim 35 above.

Wiggins and Boyer fail to explicitly disclose a method wherein the claim formatting rules are based on a claim rule category and a service date of the updated completed claim submission.

However, the above features are well-known in the art, as evidenced by Wiggins473.

In particular, Wiggins473 teaches a method

wherein the claim formatting rules are based on a claim rule category and a service date of the updated completed claim submission (Wiggins473; Abstract, paragraph [0014]).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the combined teachings of Wiggins and Boyer to include these limitations,

as taught by Wiggins473, with the motivation of providing "a better way for service providers to file claims as automatically as possible with several payers" (Wiggins473; paragraph [0012]).

The motivations for combining the respective teachings of Wiggins and Boyer are as given in the rejection of claim 34 above, and incorporated herein.

(B) As per newly added claim 53, Wiggins and Boyer teach a method as analyzed and discussed in claim 34 above.

Wiggins and Boyer fail to explicitly disclose a method wherein the interacting step further comprises:

checking a claim rule category and a service date of the completed claim submission; and
defining claim information requirements and claim formatting rules based on the claim rule category and service date, wherein the claim information requirements are used to verify the completed claim submission and the formatting rules are used to format the completed claim submission.

However, the above features are well-known in the art, as evidenced by Wiggins473.

In particular, Wiggins473 teaches a method wherein the interacting step further comprises:

checking a claim rule category and a service date of the completed claim submission (Wiggins473; Abstract, paragraph [0014]); and
defining claim information requirements and claim formatting rules based on the claim rule category and service date, wherein the claim information requirements are used to verify the completed claim submission and the formatting rules are used to format the completed claim submission (Wiggins473; Abstract, paragraph [0014]).

The motivations for combining the respective teachings of Wiggins, Boyer and Wiggins473 are as given in the rejection of claims 34 and 36 above, and incorporated herein.

14. Claims 46-47 are rejected under 35 U.S.C. 103(a) as being unpatentable over Wiggins, U.S. Patent Number 7016856, hereinafter known as Wiggins, in view of Boyer, et al., Patent Number 6208973, as applied to claim 34 above, and further in view of Kitchen et al., U.S. Patent Application Publication Number 2002/0046165.

(A) As per newly added claim 46, Wiggins and Boyer teach a method as analyzed and discussed in claim 34 above further comprising:

submitting the updated completed claim submission to the payor server for payment (Wiggins; column 16, line 39 to column 17, line 2).

Wiggins and Boyer fail to explicitly disclose the method further comprising associating an alarm with the updated completed claim submission, the alarm including data indicative of a submission time of the updated completed claim submission to the payor server; and

if a response from the payor server is not received within a predetermined amount of time from the submission time, triggering the alarm.

However, the above features are well-known in the art, as evidenced by Kitchen.

In particular, Kitchen teaches a method further comprising associating an alarm with the updated completed claim submission, the alarm including data indicative of a submission time of the updated completed claim submission to the payor server (Kitchen; paragraph [0020], [0069]); and

if a response from the payor server is not received within a predetermined amount of time from the submission time, sending “reminder notifications” (reads on “triggering the alarm”) (Kitchen; paragraph [0020], [0069]).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the combined teachings of Wiggins and Boyer to include these limitations, as taught by Kitchen, with the motivation of providing “a technique for electronically presenting billing information in a manner which facilitates the timely payment of bills by payors” (Kitchen; paragraph [0010]).

The motivations for combining the respective teachings of Wiggins and Boyer are as given in the rejection of claim 34 above, and incorporated herein.

(B) As per newly added claim 47, Wiggins, Boyer and Kitchen teach a method as analyzed and discussed in claims 34 and 46 above further comprising:

associating the updated completed claim submission with a claim inquiry grouping of claims, wherein the claim inquiry grouping of claims comprises claims that need to be followed up on (Wiggins; column 17, lines 3-61, column 18, lines 7-20), (Kitchen; paragraph [0104]).

The motivations for combining the respective teachings of Wiggins, Boyer and Kitchen are as given in the rejection of claims 34 and 46 above, and incorporated herein.

Response to Arguments

15. Applicant's arguments, filed 29 December 2008, regarding pending claims 34-53 have been fully considered, but are moot in view of the new grounds of rejection.

Conclusion

16. The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied references, Peterson et al, U.S. Patent Number 6343271, Silverman, U.S. Patent Number 6947907, Baruch et al., U.S. Patent Application Publication Number 2002/0077849, Peterson et al., U.S. Patent Application Publication Number 2001/0027403, Neely, U.S. Patent Number 6044362, Tarter et al., U.S. Patent Number 5704044, Felsher, U.S. Patent Application Publication Number 20020010679, Aquila et al., U.S. Patent Application Publication Number 2002/0035488, Chapman et al., U.S. Patent Number 6879959 teach the environment of electronic management of health claims.

17. Any response to this action should be mailed to:

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After Final communications should be labeled "Box AF."

18. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Natalie A. Pass whose telephone number is (571) 272-6774. The examiner can normally be reached on Monday through Thursday from 9:00 AM to 6:30 PM. The examiner can also be reached on alternate Fridays.

19. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

20. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or (571) 272-1000.

/N. A. P./
Examiner, Art Unit 3686
February 16, 2009

/C. LUKE GILLIGAN/
Supervisory Patent Examiner, Art Unit